

MAR 02 2005

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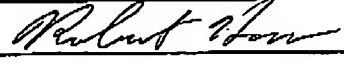
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|---|----------------------|-------------------------|----|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 10/860,278 | |
| | Filing Date | September 11, 2003 | |
| | First Named Inventor | Scott Sullivan | |
| | Art Unit | 2878 | |
| | Examiner Name | Franklin, Jamar Alzalde | |
| Total Number of Pages In This Submission | 9 | Attorney Docket Number | C2 |

| ENCLOSURES (Check all that apply) | | |
|---|--|--|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| Remarks | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
|--|---|----------|--------|
| Firm Name | | | |
| Signature |  | | |
| Printed name | Robert J. Hess | | |
| Date | 3-2-2005 | Reg. No. | 32,139 |

| CERTIFICATE OF TRANSMISSION/MAILING | |
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| Signature |  |
| Typed or printed name | Robert J. Hess |
| Date | 32,139 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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MAR 02 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application: Scott Sullivan

Serial Number: 10/660,276

Filed: September 11, 2003

Title: Pill Printing and Identification

Attorney Docket: C2

Customer No: 26345

Art Unit: 2876

Examiner: Franklin, Jamar Alzaida

Confirmation No: 2876

Mail Stop: Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SUPPLEMENTAL AMENDMENT

Sir:

Please amend the above identified application as follows:

Amendments to the Claims are reflected in the listing of the claims which begin on page 2 of this paper.

Remarks/Arguments begin on page 6 of this paper.